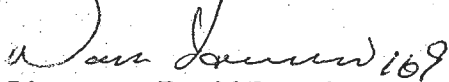


Based on this I questioned Officer Rivera and explained the print-out results. Officer Rivera stated he had used the taser twice on Barbosa-Lopez. When questioned about the two (2) other deployments he indicated he may or may not have, he just could not recall. He stated after deployment he put the taser on the ground so he could secure Barbosa-Lopez.

Nothing further.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "David Fournier", followed by the number "169".

Lieutenant David Fournier

Commander

Platoon "B"



Date: 10/15/13 Time: 10:32 Arrest#: _____ Incident #: 13-5890 OF
 Reporting Officer: _____ ID# 202
 Suspects Name: Jessica Roldan DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No for a moment

Was the subject injured? If YES, please describe the injuries: _____

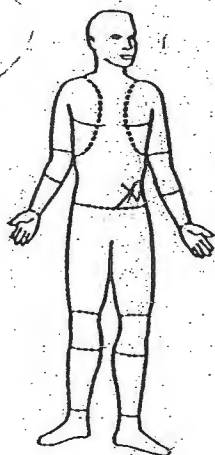
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

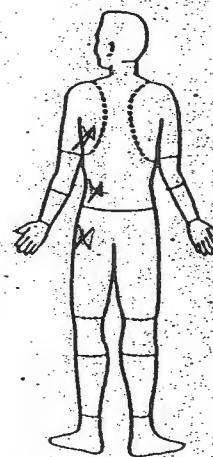
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: 45 # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

After incident review, use of force was proper to prevent injury to Ms. Roldan or officers and restrain her.

Supervisors Name (print): Fournier David ID# 169

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Pratt David A ID# 233

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion

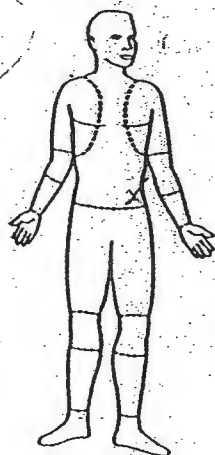


Date: 10/15/13 Time: 10:32 Arrest#: _____ Incident #: 13-5890-07
 Reporting Officer: R. Goudreau ID# 202
 Suspects Name: Jessica Roldan DOB: [REDACTED] SSN # [REDACTED]

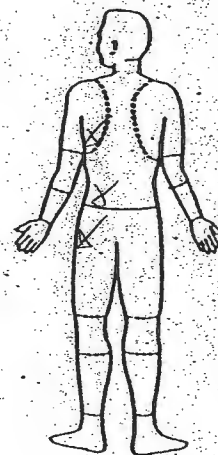
Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: for a moment
☒ Yes ☐ No
 Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No
 Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☐ NO If YES, why? _____
 Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Back

Supervisor Reviewing Use Comments:

After incident review, use of force was proper to prevent injury to Ms. Roldan or officers and restrain her.

Supervisors Name (print): Fournier David ID#: 169

Signature of Reviewing Supervisor: [Signature] ID#: 169

☒ Approved ☐ Disapproved

(Print): [Signature] ID#: 275

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 10/11/13 Time: 1910 Arrest#: 13-2625-AR Incident #: _____
 Reporting Officer: Brian Boyle ID# 321
 Suspects Name: Bobby Smith DOB: _____ SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No

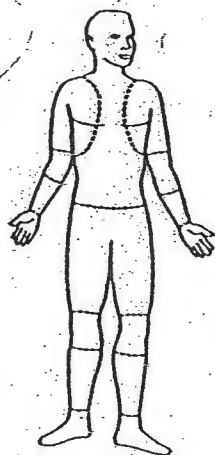
Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

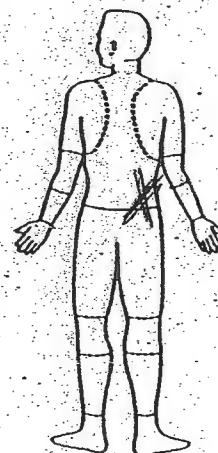
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



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Supervisor Reviewing Use Comments:

Subject actively resisted off. lrs attempt to arrest him
Use of DRIVE STUN made was proper and in policy

Supervisors Name (print): Stephen R. Reed ID# 216
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): Paul R. Smith ID# 235
 (Last) (First) (Middle)

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 10/11/13 Time: 1300 Arrest#: _____ Incident #: 13-5822-05

Reporting Officer: B. Boyle ID# 321

Suspects Name: Rodriguez, Francisco DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input checked="" type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Drew TASER IN ORDER FOR SUBJECT TO DROP MACHETE

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR

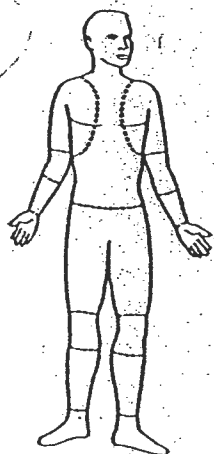
☐ Yes ☒ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

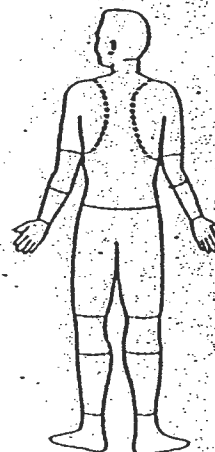
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser - Drew TASER (NOT USED)

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Appropriate use of force

Supervisors Name (print): McKAY Philip ID#: 246

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Phyllis David [Signature] ID#: 235

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion

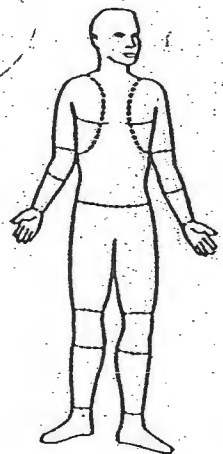


Date: 10/6/13 Time: 0724 Arrest#: 13-2580 Incident #: _____
 Reporting Officer: T. Leahy ID# 336
 Suspects Name: Diaz, Brenda DOB: [REDACTED] SSN # [REDACTED]

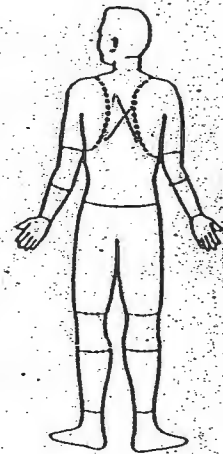
Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: Drive stun had no effect
☐ Yes ☒ No
 Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No
 Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____
 Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:
Subject was highly combative officers used restraint in gaining control
the drive stun was used with impunity

Supervisors Name (print): Stuart Richard B ID# 216
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]
☒ Approved ☐ Disapproved

(Print): Philly Daniel R ID# 239
 (Last) (First) (Middle)
 Signature of Bureau Commander: Capt. [Signature] #239

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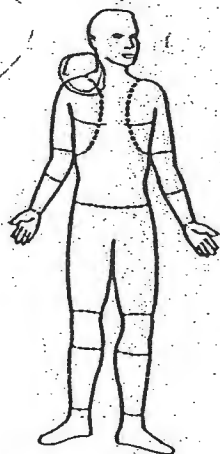


Date: 10/26/18 Time: 0721 Arrest#: B-2580-A Incident #: _____
 Reporting Officer: Walter Borrego ID# 313
 Suspects Name: Brenda Diaz DOB: [REDACTED] SSN # [REDACTED]

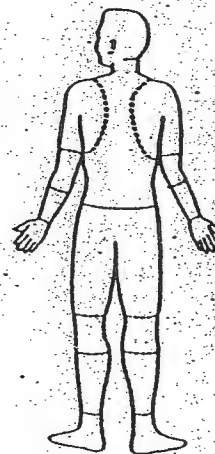
Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input checked="" type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: OC spray hit shoulder but suspect continued to resist
☐ Yes ☒ No
 Was the subject injured? If YES, please describe the injuries: small laceration to top of head
☒ Yes ☐ No left hand
 Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMF
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?
 Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☒ O.C. Duration: 3 # of Bursts: 1 Was subject allowed to decon? ☒ Yes ☐ No



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Supervisor Reviewing Use Comments:

The subject was highly combative other uses of force were ineffective. OC was used properly at the time.

Supervisors Name (print): Straw Prichard B ID#: 225
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Pratt David C ID#: 235
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature] ID#: 235

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Date: 9/15/13 Time: 1137pm Arrest#: _____ Incident #: 13-52550F
 Reporting Officer: WALTER BORRERO ID# 313
 Suspects Name: JAVIER Boria DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

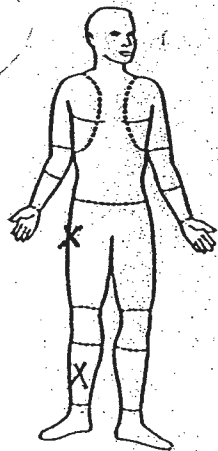
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

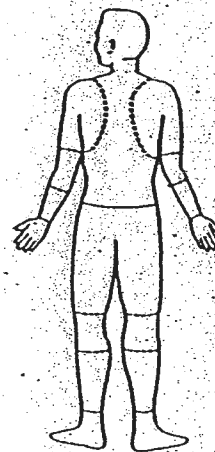
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Monfett Charles Paul ID#: 338

Signature of Reviewing Supervisor: Sgt. Monfett, 338

☒ Approved ☐ Disapproved

(Print): Patt David R ID#: 239

Signature of Bureau Commander: Capt. David R. #239

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 07/01/18 Time: 0030 Arrest#: 13-234-A Incident #: _____
 Reporting Officer: Walker Borrajo ID# 213
 Suspects Name: Ramon Suarez DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:
ARMS

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No

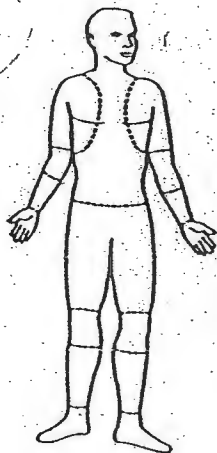
Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ A.M.F.
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ H.M.C. ☐ B.M.C.

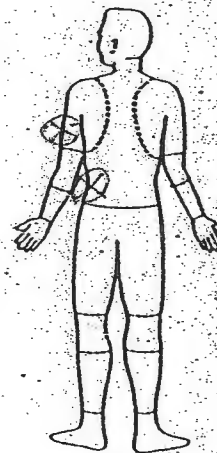
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Subject began to swing at officer at post stationer level. Use of TASER
was proper and within policy.

Supervisors Name (print): Suarez Rivera B ID#: 216
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature] # 216

☐ Approved ☐ Disapproved

(Print): Parr David R ID#: 239
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature]
 * This form is to be submitted to the Chief's Office immediately upon completion



Date: 8/29/13 Time: 1922 Arrest#: 13-2207-AR Incident #: _____
 Reporting Officer: Brendan Boyle ID# 321
 Suspects Name: Wendy LACHAPELLE DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

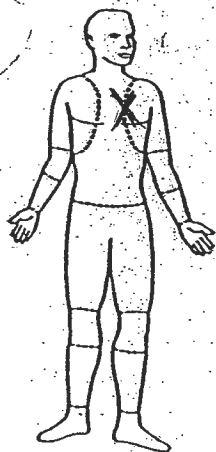
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

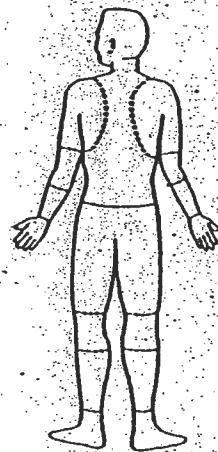
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Chinowin Brian J ID#: 237
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Praet David R ID#: 235
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 8/23/18 Time: 5:00 pm

Arrest#: 13-2154A

Incident #: _____

Reporting Officer: Victor Horedin

ID# 306

Suspects Name: Wilfredo Velazquez

DOB: _____

SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? _____

☐ Yes ☒ No

What hospital, if any, was the subject transported to? _____

☐ H.P.D. ☐ H.F.D. ☐ AMF

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

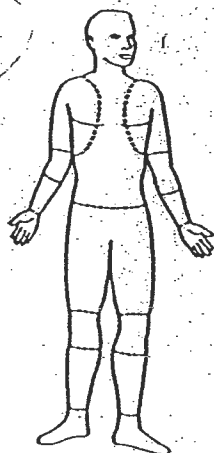
☐ HMC ☐ BMC

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

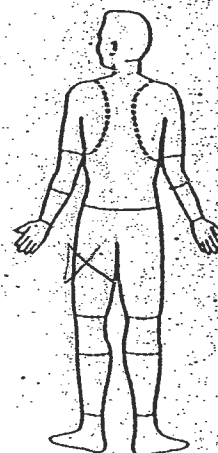
☐ Baton ☐ Impact Munition

☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments: _____

Justified Response

Supervisors Name (print): _____

MCKAY
(Last)

Philip
(First)

(Middle)

ID#: 240

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): Pratt
(Last)

David
(First)

R
(Middle)

ID#: 239

Signature of Bureau Commander: _____

Capt. David Pratt #759

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 8/4/18 Time: _____ Arrest#: 13-1947 Incident #: _____

Reporting Officer: Brian Summers ID# 305

Suspects Name: W. Son, Shone DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other * <u>Threat</u>
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

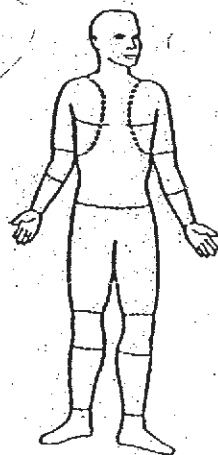
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMI
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

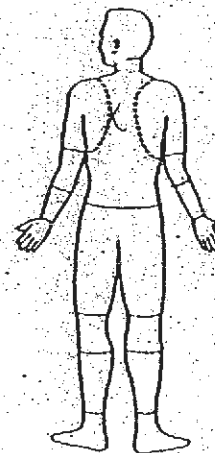
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

use of force appears to be justified

Supervisors Name (print): MCKAY Philip ID# 340

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): PRATT Dan R ID# 239

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chicago Office immediately upon completion



Date: 07/28/13 Time: 02:45 AM Arrest#: 13-1869-AR Incident #: _____
 Reporting Officer: STEPHEN NORTON ID# 322
 Suspects Name: GARCIA PEREZ DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

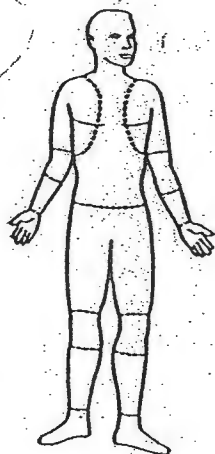
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

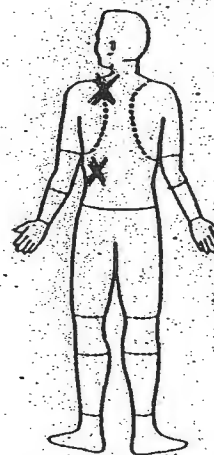
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

I was present during this use of force. Arrestee was combative and use of force was justified.

Supervisors Name (print): USHER DAVID S. ID#: #218

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): [Signature] [Signature] [Signature] ID#: 233

Signature of Bureau Commander: [Signature]
 * This form is to be submitted to the Chief's Office immediately upon completion



Date: 7/28/13 Time: 0245 Arrest#: 13-1869-AR Incident #: _____
 Reporting Officer: Thomas J. Leahy ID# 336
 Suspects Name: GARCIA PEREZ DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

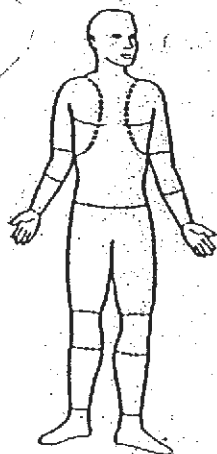
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF
 What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

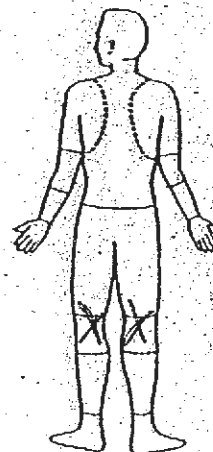
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

I was present during this use of force. Arrestee was combative and the use of force was justified

Supervisors Name (print): USHER DAVID ID# #218

Signature of Reviewing Supervisor: [Signature] (Last) (First) (Middle)

☒ Approved ☐ Disapproved

(Print): [Signature] (Last) [Signature] (First) [Signature] (Middle) ID#: 235

Signature of Bureau Commander: [Signature] ID# 233

* This form is to be submitted to the Chief's Office immediately upon completion



Holyoke Police Department - Use of Force Report

Date: 7/25/13 Time: 0730 Arrest#: 1827 Incident #: _____
 Reporting Officer: Manuel A. Rivera ID# JR
 Suspects Name: Michael Guess DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

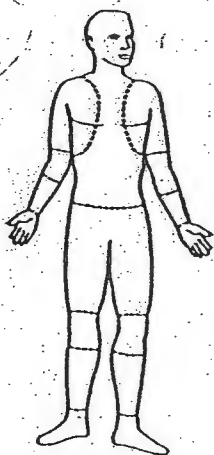
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

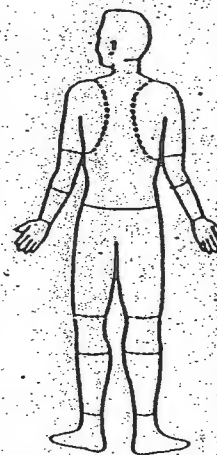
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



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Back

Supervisor Reviewing Use Comments: _____

Use of force Justified

Supervisors Name (print): Cousinages, Larry ID#: 207

Signature of Reviewing Supervisor: [Signature] (First) (Middle) (Last)

☒ Approved ☐ Disapproved

(Print): _____ ID#: _____

Signature of Bureau Commander: [Signature] (First) (Middle) (Last)

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 07/08/13 Time: 2200 Arrest#: 13-1660-AZ Incident #: _____

Reporting Officer: Boyle #321 ID# 321

Suspects Name: JASON SHATTUCK DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

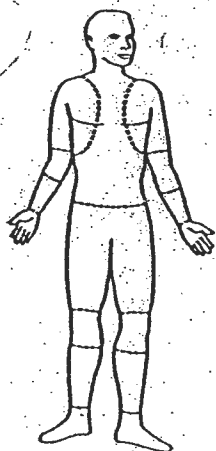
Was Use of Force Effective? If NO, please explain: HAD TO DRIVE STUN TWICE BUT
☒ Yes ☐ No Finally COMPLIED

Was the subject injured? If YES, please describe the injuries: SCRALED ELBOW AND
☒ Yes ☒ No SCRALED KNEE

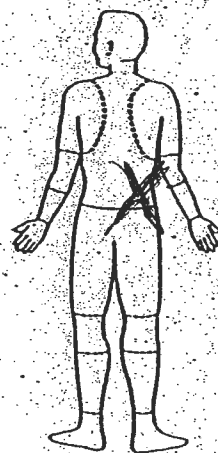
Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMR
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Resistant Subject - Tasing 6 Justified

Supervisors Name (print): McKAY Philip T ID#: 249

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): [Signature] [Signature] [Signature] ID#: 233

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion

(#2)

Date: 07/08/17 Time: 2200

Arrest#: 13-1060-AL

Incident #:

Reporting Officer: Boyle

ID# 321

Suspects Name: JASON SHATTUCK

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

* 2ND ROUND OF DRIVE STUN *

Was Use of Force Effective? If NO, please explain:

☐ Yes ☐ No

Was the subject injured? If YES, please describe the injuries:

☐ Yes ☐ No

Was the subject given medical treatment? If YES, who administered the treatment?

☐ Yes ☐ No

What hospital, if any, was the subject transported to?

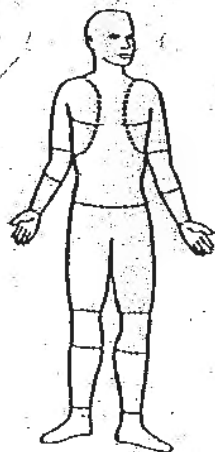
☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☐ NO If YES, why?

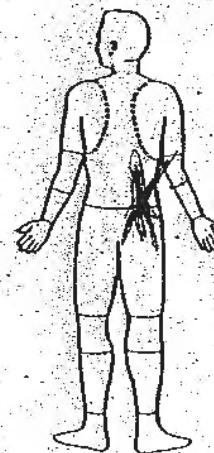
Was X 26 used? ☐ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



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Back

Supervisor Reviewing Use Comments:

Supervisors Name (print):

McKany
(Last)

Philip
(First)

[REDACTED]
(Middle)

ID#: 2470

Signature of Reviewing Supervisor:

☒ Approved ☐ Disapproved

(Print): PAH
(Last)

And
(First)

[REDACTED]
(Middle)

ID#: 733

Signature of Bureau Commander:

[REDACTED]
(Signature)

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 6/15/13 Time: 1040 Arrest#: 13-1433 Incident #: _____

Reporting Officer: Justin Strick ID# 329

Suspects Name: Jose Enriquez DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: [REDACTED]
☒ Yes ☐ No

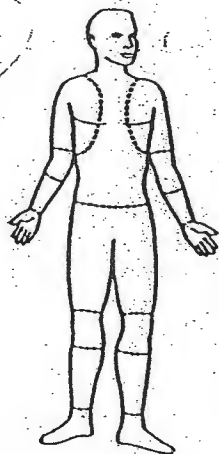
Was the subject injured? If YES, please describe the injuries: minor scrapes previous
☐ Yes ☒ No shoulder injury

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☒ A.M.I.
☐ Yes ☐ No What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

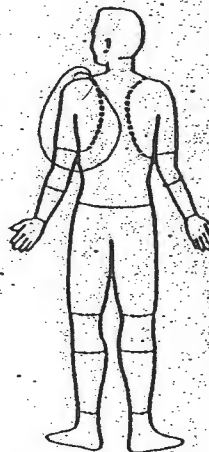
Was Restraint Chair used? ☐ Yes ☐ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Royes ID#: 289

Signature of Reviewing Supervisor: La Manuel ID#: 289

☒ Approved ☐ Disapproved

(Print): David ID#: 237

Signature of Bureau Commander: Capit ID#: 235

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 6/15/13 Time: 1040 Arrest#: 13-1433 Incident #:
 Reporting Officer: Kristin Shadick ID# 329
 Suspects Name: Jose Enriquez DOB: SSN #

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: minor scrapes previous

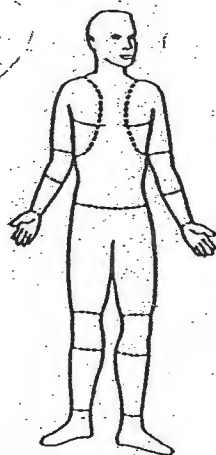
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☒ AMR
 What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

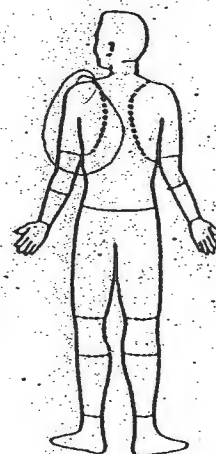
Was Restraint Chair used? ☐ Yes ☐ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: # of Bursts: Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Royes Manuel T ID#: 289
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: Lo Manuel Royes 289

☒ Approved ☐ Disapproved

(Print): PB2 TH David R ID#: 239
 (Last) (First) (Middle)

Signature of Bureau Commander: Capt. [Signature] 239

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 06/13/13 Time: 1835 Arrest#: 13-1419-A2 Incident #: _____

Reporting Officer: Boyle 321 ID# 321

Suspects Name: CARLOS GALARZA DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: WAS EFFECTIVE FOR 5 SECONDS, HAD TO GIVE ANOTHER 5 SECONDS FOR SUSPECT TO COMPLY

Was the subject injured? If YES, please describe the injuries:

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMR

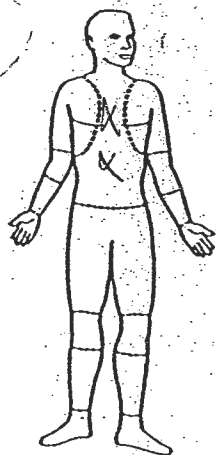
☒ Yes ☐ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

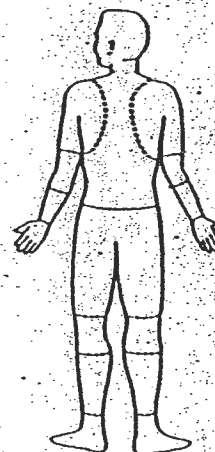
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Back

Supervisor Reviewing Use Comments:

Use of force appears to be within Department guidelines

Supervisors Name (print): McCoy Michael J. ID#: 128

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Pratt David R ID#: 239

Signature of Bureau Commander: [Signature] #239

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 5/29/13 Time: 08:15 Arrest#: 1281 Incident #: _____

Reporting Officer: R. Goudreau

ID# 202

Suspects Name: John Paul Cordero

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF

☐ Yes ☒ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

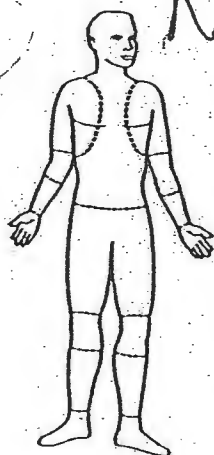
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition

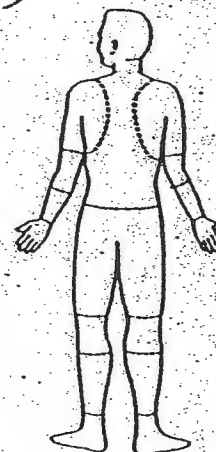
☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front

NOT DEPLOYED



Back

Supervisor Reviewing Use Comments:

After Review of Report OFFICER GOUDREAU WAS JUSTIFIED IN REMAINING TASER FOR USE. SUSPECT WAS RESISTING ARREST, WAS ADVISED IF HE CONTINUED HE WOULD BE INJURED. SUSPECT COMPLIED AND TASER/STUN WAS NOT DEPLOYED.

Supervisors Name (print): Fournier

(Last)

(First)

(Middle)

ID#: 168

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Pratt

(Last)

David

(First)

R

(Middle)

ID#: 239

Signature of Bureau Commander: [Signature]

#239

* This form is to be submitted to the Chief's Office immediately upon completion

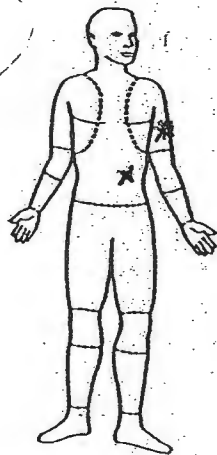


Date: 5/23/13 Time: 13:17 Arrest#: 1231-AR Incident #: 13-
Reporting Officer: Goudreau ID# 202
Suspects Name: Jewelita Rex DOB: [REDACTED] SSN # [REDACTED]

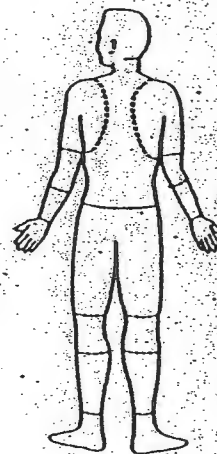
Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: [REDACTED]
☒ Yes ☐ No
 Was the subject injured? If YES, please describe the injuries: Small cut left arm from taser
☐ Yes ☒ No
 Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☒ H.F.D. ☒ PAMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?
 Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



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Back

Supervisor Reviewing Use Comments:

Suspect was Assaultive committing bodily harm
Officer R. Goudreau used the right use of force to detain this party

Supervisors Name (print): GARCIA Joseph ID#: 200
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: Sgt. Joseph Garcia
☒ Approved ☐ Disapproved

(Print): PRATT DAVID R ID#: 235
 (Last) (First) (Middle)

Signature of Bureau Commander: Capt. R. Pratt
 (Last) (First) (Middle)

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 5/5/13 Time: 17:46 Arrest#: AR Incident #: 13-1087

Reporting Officer: Goudreau ID# 202

Suspects Name: Angelica Ramirez DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

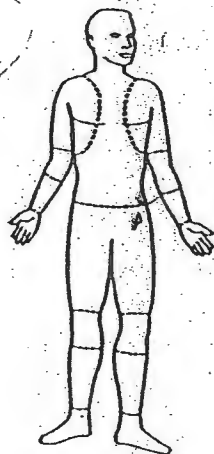
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

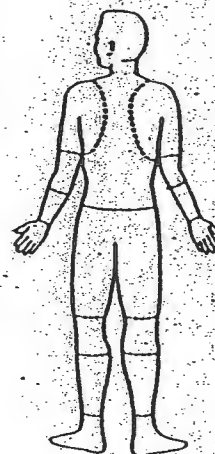
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

After review of report use of force was justified and proper in effecting arrest.

Supervisors Name (print): Fournier David ID# 169

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): _____ ID#: _____

Signature of Bureau Commander: _____

This form is to be submitted to the Chief's Office immediately upon completion



13-1086

Date: 5/5/13 Time: 17:46

Arrest#: AR

Incident #:

Reporting Officer: Gaudreau

ID# 202

Suspects Name: Hector Rivera

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries:

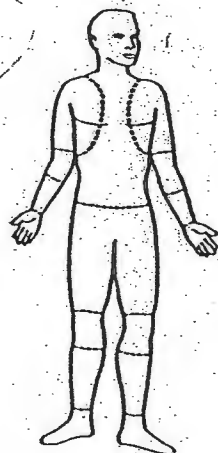
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

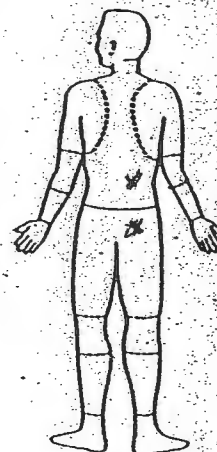
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: # of Bursts: Was subject allowed to decon? ☐ Yes ☐ No



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Back

Supervisor Reviewing Use Comments:

After review of report use of force was justified and proper in effecting arrest.

Supervisors Name (print): Fournier

(Last)

David

(First)

169

ID#: 169

Signature of Reviewing Supervisor: David Fournier

☒ Approved ☐ Disapproved

(Print): Pratt

(Last)

David

(First)

R

ID#: 239

Signature of Bureau Commander: David Pratt

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 4/20/13 Time: 2157 Arrest#: 13-960-42 Incident #: _____
 Reporting Officer: Daniel Escobar ID# 315
 Suspects Name: Kyle Dzick DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Officers Attempted to cuff Mr. Dzick but he pulled his arm away when he tried to cuff him. He continued to struggle with officers.

Was Use of Force Effective? If NO, please explain:

☐ Yes ☒ No

Was the subject injured? If YES, please describe the injuries:

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF

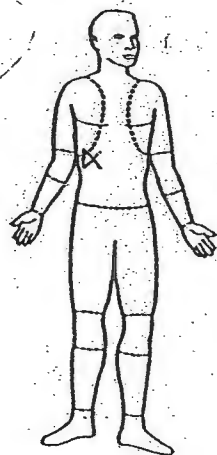
☐ Yes ☒ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

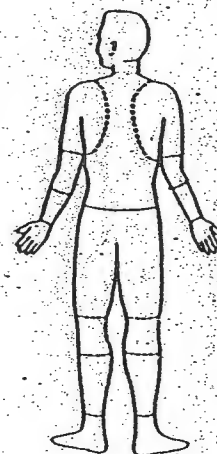
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

Suspect was actively resisting officers, Drive stun was appropriate

Supervisors Name (print): Steven Richard R ID#: 223
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☐ Approved ☐ Disapproved

(Print): Pratt Daniel R ID#: 233
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 4/20/13 Time: 1809 Arrest#: Incident #: 2145
 Reporting Officer: R. Shattuck ID# 329
 Suspects Name: Jacinto Navarro DOB: SSN #

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Drive Stun

Was Use of Force Effective? If NO, please explain: After ~~multiple~~ multiple attempts
☐ Yes ☐ No worked enough to remove him from car

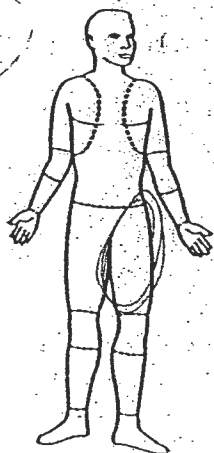
Was the subject injured? If YES, please describe the injuries:
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☒ H.F.D. ☒ AMI
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

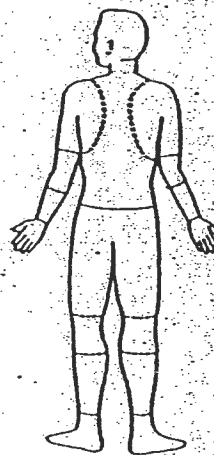
Was Restraint Chair used? ☐ Yes ☐ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: # of Bursts: Was subject allowed to decon? ☐ Yes ☐ N



Front



Back

Supervisor Reviewing Use Comments:

WARRANTED

Supervisors Name (print): HART ID#: 253
 Signature of Reviewing Supervisor: [Signature] (First) (Middle)

☒ Approved ☐ Disapproved

(Print): [Signature] ID#: 237
 Signature of Bureau Commander: [Signature] (Last) (First) (Middle)

* This form is to be submitted to the Chief's Office immediately upon completion



Holyoke Police Department Use of Force Report

Date: 04/14/13 Time: 2154

Arrest#: 13-912-AR

Incident #: _____

Reporting Officer: Tabb, Ryan

ID# 331

Suspects Name: Calderson, Johnny

DOB: _____

SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input checked="" type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMR

☒ Yes ☐ No

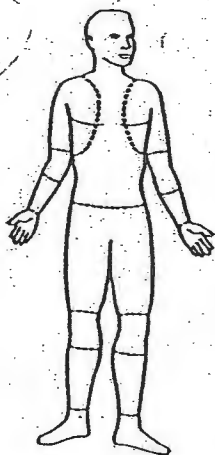
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

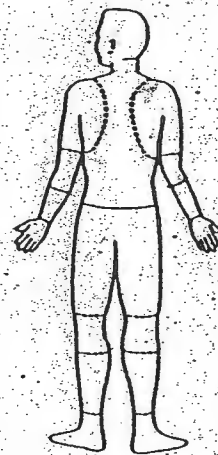
Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☒ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☒ Yes ☐ No



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Back

Supervisor Reviewing Use Comments: _____

Report Justifies use

Supervisors Name (print): _____

(Last)

(First)

(Middle)

ID#: 240

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): Pat

David

R

ID#: 239

Signature of Bureau Commander: _____

Capt

Det

#239

* This form is to be submitted to the Chief's Office immediately upon completion

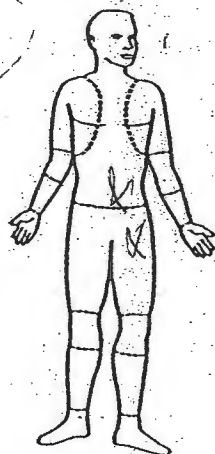


Date: 04/14/13 Time: 2145 Arrest#: 13-912-M Incident #: _____
 Reporting Officer: Baugh ID# 321
 Suspects Name: Johnny Anderson-Simoz DOB: [REDACTED] SSN # [REDACTED]

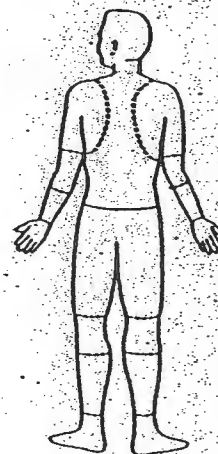
Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No
 Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No
 Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMF
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____
 Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☒ Yes ☐ No



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Back

Supervisor Reviewing Use Comments: report Justifies use

Supervisors Name (print): McKay Philip ID#: 240

Signature of Reviewing Supervisor: [Signature] (First) (Middle) (Last)
☒ Approved ☐ Disapproved

(Print): _____ ID#: _____
 (Last) (First) (Middle)

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion



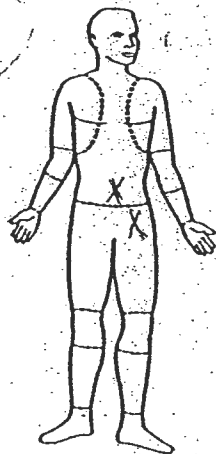
Date: 04/14/13 Time: 2145 Arrest#: 15912-A2 Incident #: _____
 Reporting Officer: Boyle #321 ID# 321
 Suspects Name: Johnny Carson - Sum2 DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

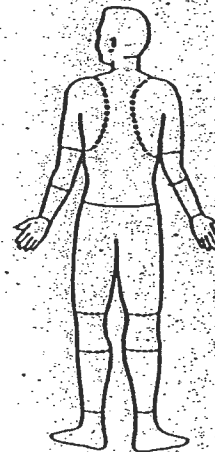
* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No
 Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No
 Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMI
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____
 Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser
☐ Baton ☐ Impact Munition ☒ O.C. Duration: 24 # of Bursts: 1 Was subject allowed to decon? ☒ Yes ☐ No

↓ OFFICER TASE



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): McKay Philip ID#: 240
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]
☒ Approved ☐ Disapproved

(Print): Phyllis David ID#: 235
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Holyoke Police Department - Use of Force Report

Date: 4/8/13 Time: 02:34

Arrest#: _____

Incident #: _____

Reporting Officer: Goudreau

ID# 202

Suspects Name: Leonardo Alvarez

DOB: _____

SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ A.M.I.

☐ Yes ☒ No

What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

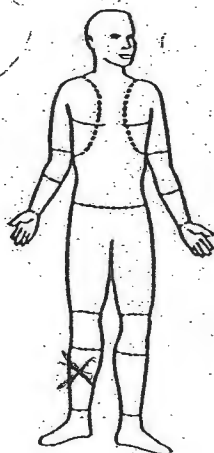
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☐ No ☒ Drive Stun ☐ Taser

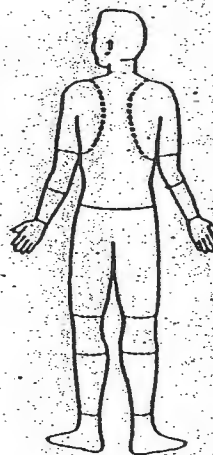
☐ Baton ☐ Impact Munition

☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Reviewed report and Officer Goudreau was correct in use of TASER in this incident. Stopped MR. ALVARADO'S assault on others/officer(s) and brought him under control so that he might be brought to HMC for evaluation.

Supervisors Name (print): Higgins Michael J. (LT)

ID#: 136

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): PRAIA

Daniel

R

ID#: 239

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion

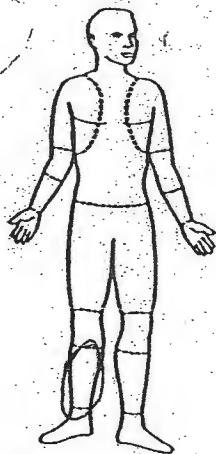


Date: 3/17/13 Time: _____ Arrest#: _____ Incident #: 1500-0F
Reporting Officer: OC Krista Wharton ID# 329
Suspects Name: Fisher, Daniel DOB: [REDACTED] SSN # [REDACTED]

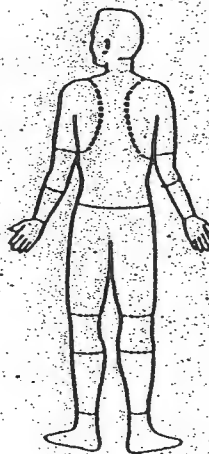
Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: [REDACTED]
☒ Yes ☐ No
 Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No
 Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☐ No What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☐ NO If YES, why? _____
 Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Use of Force appears to be within dept. policy

Supervisors Name (print): LT ALBERT, JAMES M ID#: 246
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]
☒ Approved ☐ Disapproved

(Print): Phatt, Daniel R ID#: 235
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 2/20/18 Time: 0016

Arrest#: 13-382-AR Incident #: N/A

Reporting Officer: Thomas J. Leahy

ID# 336

Suspects Name: FLORES, Jesus

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries:

☒ Yes ☐ No the face

Sore shoulder, abrasions to

Was the subject given medical treatment? If YES, who administered the treatment?

☒ Yes ☐ No

What hospital, if any, was the subject transported to?

☐ H.P.D. ☐ H.F.D. ☒ AM

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

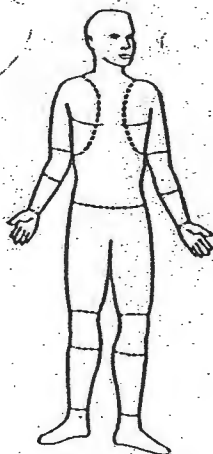
☐ HMC ☐ BMC

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

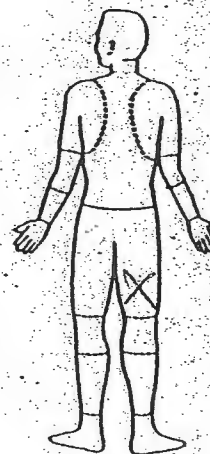
☐ Baton ☐ Impact Munition

☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Suspect Resisted arrest, physically attached officer. USE of Force Justified.

Supervisors Name (print):

[Signature]

ID#: 207

Signature of Reviewing Supervisor:

[Signature]

☒ Approved ☐ Disapproved

(Print): Paul David R

ID#: 233

Signature of Bureau Commander:

[Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 2/3/13 Time: 02:08 HRS Arrest#: 13-260-AR Incident #: _____
 Reporting Officer: ~~W. B. BROWN~~ S. NORTON ID# 322
 Suspects Name: RODRIGUEZ, JUAN A. DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: TASER ONLY DRIVE STUNNED ONCE THEN SHUT OFF
☐ Yes ☒ No AND WAS NOT ABLE TO TURN BACK ON. GIVEN TO JGT. STUART TO

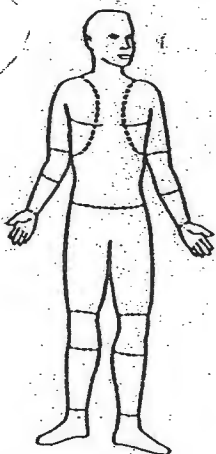
Was the subject injured? If YES, please describe the injuries: CHECK
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AM
☐ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

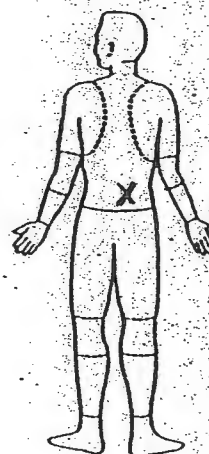
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): _____ ID#: _____
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): LT Cocconozzi ID#: 207
 (Last) (First) (Middle)

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 2/3/13 Time: 02:08HRS Arrest#: 13-260-AR Incident #: _____
 Reporting Officer: S. NORTON ID# 322
 Suspects Name: RODRIGUEZ, JUAN A. DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input checked="" type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

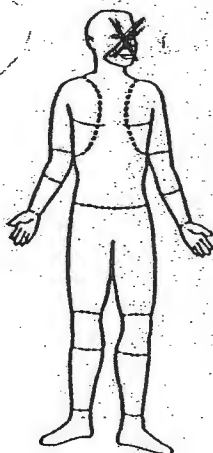
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMI
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

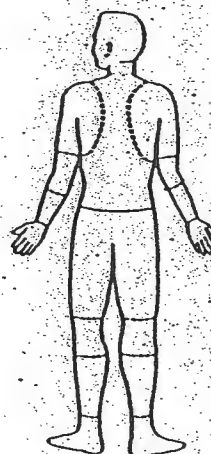
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☒ O.C. Duration: 1 # of Bursts: 1 Sec Was subject allowed to decon? ☒ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): _____ ID#: _____

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): Courvoier Laurence P ID#: 207

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Holyoke Police Department - Use of Force Report

Date: 2/1/13 Time: 07:58 Arrest#: 13-237 Incident #: _____
 Reporting Officer: Gaudreau, Roger ID# 202
 Suspect's Name: Wayne Mectau DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

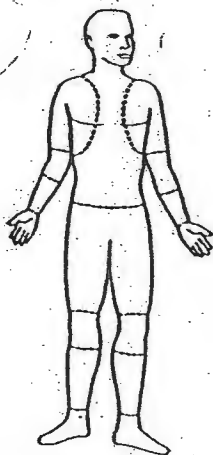
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

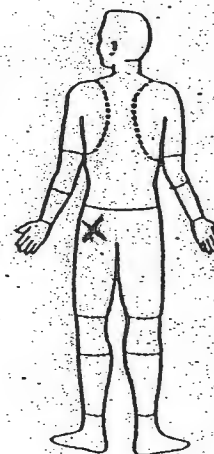
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

After review of reports use of force was appropriate under circumstances.

Supervisors Name (print): David D. Fournier

(Last)

(First)

(Middle)

ID#: 169

Signature of Reviewing Supervisor: David D. Fournier

☒ Approved ☐ Disapproved

(Print): Pratt

(Last)

David

(First)

R

(Middle)

ID#: 237

Signature of Bureau Commander: Capt. [Signature]

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* This form is to be submitted to the Chief's Office immediately upon completion



Date: 01/19/13 Time: _____ Arrest#: 13-158-A2 Incident #: _____

Reporting Officer: Boyle ID# 321

Suspects Name: Kevin McCarthy DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input checked="" type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

TASK TASER OUT *DID NOT USE IT*

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AM

☐ Yes ☒ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

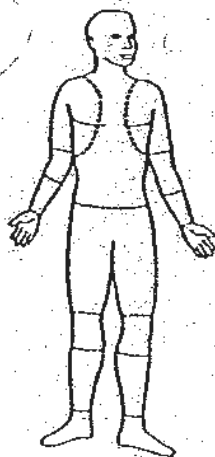
Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition

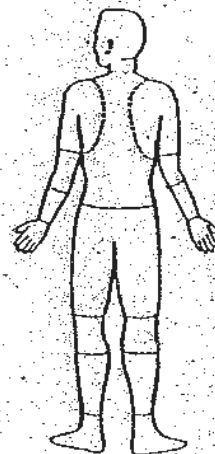
☐ O.C. Duration: _____ # of Bursts: _____

*DID NOT USE * VERBAL COMMANDS *

Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

THIS TASER WAS PROPERLY USED

Supervisors Name (print): LOFTUS STEPHEN T ID#: 168

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): PRATT David R ID#: 239

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the CMO's Office immediately upon completion



Date: 12/23/12 Time: 1700

Arrest#: 12-3297-AR Incident #: _____

Reporting Officer: Joniec, Jeffrey

ID# 231

Suspects Name: Rivera, Heather

DOB: _____

SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☒ Yes ☐ No

Was the subject given medical treatment? If YES, who administered the treatment? _____

☐ Yes ☒ No

What hospital, if any, was the subject transported to? _____

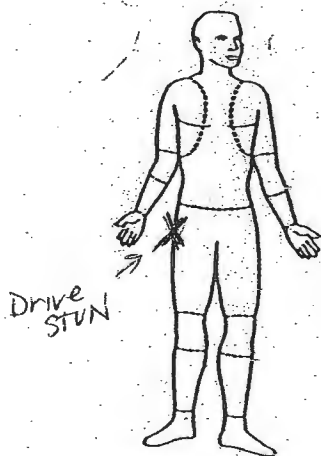
☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

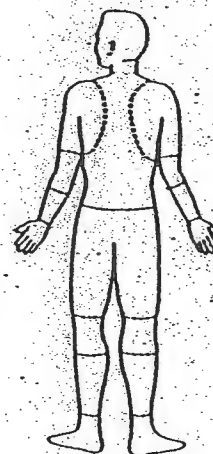
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments: _____

Use of Force appears to be within HPP policy.
See Report # 12-3297-AR for details

Supervisors Name (print): ALBERT, JAMES M ID#: 246

Signature of Reviewing Supervisor: LT. [Signature] ID#: 246

☒ Approved ☐ Disapproved

(Print): PRAET, David R ID#: 239

Signature of Bureau Commander: [Signature] ID#: 239

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 12/19/12 Time: 7360 Arrest#: 12-3268-41 Incident #: _____
 Reporting Officer: B. Boyle ID# 321
 Suspects Name: RAFAEL Soler DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

X26 Taser

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMR

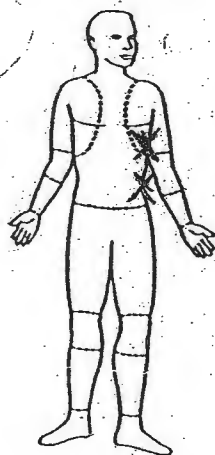
☒ Yes ☐ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

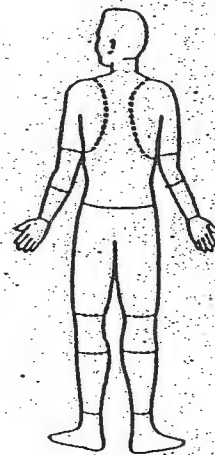
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Mr Soler was assaultive in his encounter w/ officers. The use of force was proper and within department policy.

Supervisors Name (print): Silva Richard B ID#: 286

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Porter David R ID#: 283

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 12/12/12 Time: 9:00pm Arrest#: 3209-AR Incident #: _____
 Reporting Officer: Emterio 334 ID# 334
 Suspects Name: Long, Joshua DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☒ Yes ☐ No Small puncture due to TASER prong.

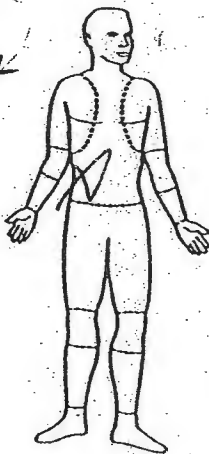
Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

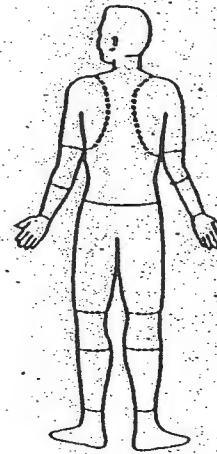
Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No

* Used Taser
 In Locker Ten *



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Supervisor Reviewing Use Comments:

Use of Force appears to be within
HPD Use of Force Policy, and appropriate.

Supervisors Name (print): AIBERT, JAMES M. ID#: 246

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Emterio 334 ID#: 334

Signature of Bureau Commander: [Signature] ID#: 239

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 11/21/12 Time: 11:50Z Arrest#: 12-3029-AR Incident #: _____

Reporting Officer: Daniel Escobar ID# _____

Suspects Name: Anthony Santos DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input checked="" type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Verbal commands to use Taser x26, verbal commands were effective

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

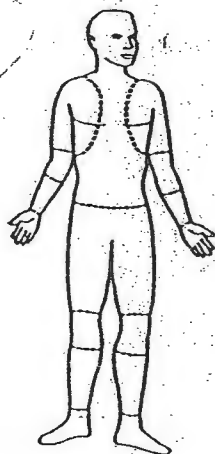
☐ Yes ☐ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

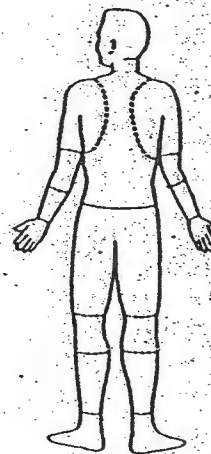
Was Restraint Chair used? ☐ Yes ☐ NO If YES, why? _____

Was X 26 used? ☐ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

More threat of Taser (Drive Stun) was enough to gain compliance

Supervisors Name (print): Stana

(Last)

Richard B

(First)

(Middle)

ID# 202

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Pratt

(Last)

Daniel R

(First)

(Middle)

ID# 239

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 10/30/12 Time: 1630 Arrest#: 12-2869-12 Incident #: _____

Reporting Officer: Boyle #321 ID# 321

Suspects Name: Emily Harrington DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI

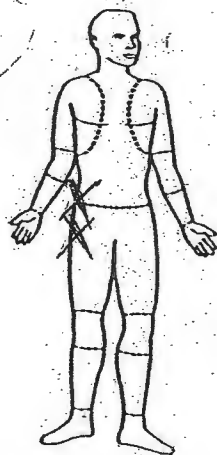
☐ Yes ☒ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

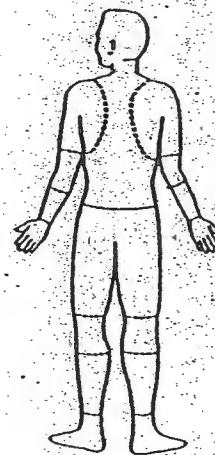
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

See Attached report for details -
Force was appropriate.

Supervisors Name (print): ALBERT JAMES M ID#: 246
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): POWELL DAVID R ID#: 277
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Holyoke Police Department - Use of Force Report

Date: 10/28/17 Time: 2159 Arrest#: 12-2858-AR Incident #: _____

Reporting Officer: Emiterio, Joseph M. ID# 334

Suspects Name: ARBUTOV, Peter ✓ DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input checked="" type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<u>X26 Placed on Shoulder / NOT used.</u> <input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: NOT used BUT I placed X26 Taser on
☒ Yes ☐ No Suspect's Shoulder and stated to him to stop resisting or he

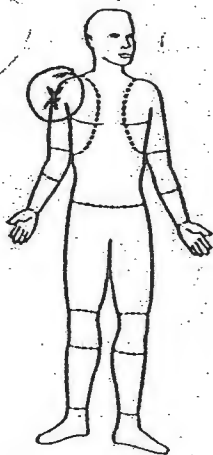
Was the subject injured? If YES, please describe the injuries: would be tased. He complied.
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

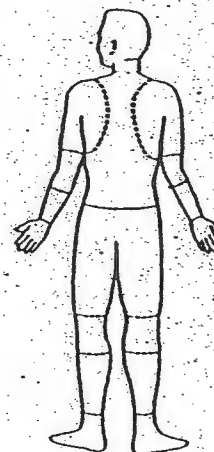
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



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Supervisor Reviewing Use Comments:

Threat of use of x26 was justified and proper.

Supervisors Name (print): Kevin Thomas Kevin Michael ID#: 223

Signature of Reviewing Supervisor: Sgt. Kevin Thomas

☒ Approved ☐ Disapproved

(Print): Peritt David R ID#: 239

Signature of Bureau Commander: Capt. David Peritt #239

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 10/29/12 Time: _____ Arrest#: 12-2805 Incident #: _____
 Reporting Officer: R. Goudreau ID# 202
 Suspects Name: Rivera, Adelson DOB: [REDACTED] SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

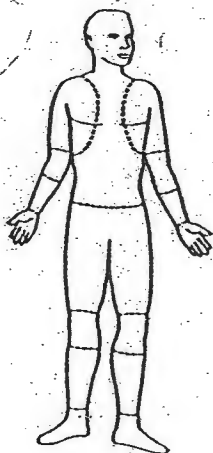
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

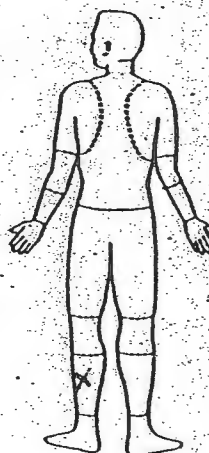
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments: _____

The use of the X26 was justified based on officer's and Sgt. Melery and Sgt. Pratt's statements

Supervisors Name (print): Thorne Kenn Michael ID#: 223
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: Sgt. Kenn Thorne 223

☒ Approved ☐ Disapproved

(Print): Pratt DAVID R ID#: 239
 (Last) (First) (Middle)

Signature of Bureau Commander: Capt. Pratt #239

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 9/28/12 Time: 2130 Arrest#: 12-2645-AR Incident #: _____
 Reporting Officer: MATT WELCH ID# 307
 Suspects Name: ADAM TORRES DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: At first, suspect kept resisting, once he became compliant the use of force was ended
☒ Yes ☐ No

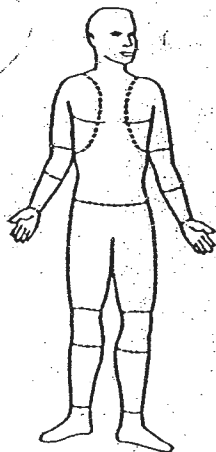
Was the subject injured? If YES, please describe the injuries: ABRASIONS ON FACE
☒ Yes ☐ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMF
☒ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

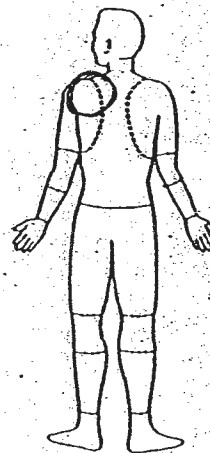
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Officer Welch used his X26 Taser "Drive Stun" feature to subdue a suspect being placed under arrest who was fighting officers on scene, in accordance w/ Rules & Regs

Supervisors Name (print): Cournoyer, J. Lawrence ID#: 207
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Peritt David R ID#: 239
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 9/7/12 Time: 1815 Arrest#: 12-2449 Incident #: _____
 Reporting Officer: ANDREW DINAPOLI ID# 291
 Suspects Name: MARCUS DANIELS DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input checked="" type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

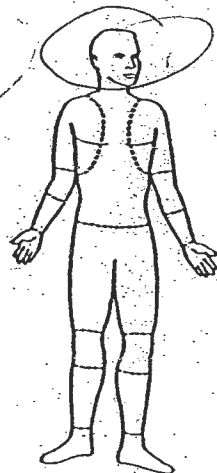
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

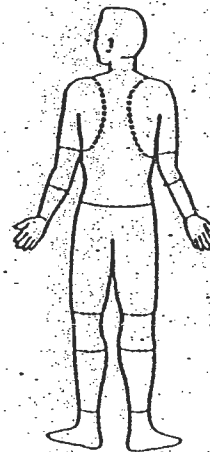
Was Restraint Chair used? ☒ Yes ☐ NO If YES, why? Subject Not Cooperative - Threats of Suic.

Was X 26 used? ☐ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☒ O.C. Duration: _____ # of Bursts: 3 Was subject allowed to decon? ☒ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

I was the booking officer when Mr. Daniels was brought into the booking station. Mr. Daniels was immediately washed down with water. Mr. Daniels eventually calmed and requested

Supervisors Name (print): Thomas Kevin Michael ID#: 223 no med treat

Signature of Reviewing Supervisor: [Signature]

☐ Approved ☐ Disapproved

(Print): PRATT David R ID#: 237

Signature of Bureau Commander: [Signature] ID#: 235

* This form is to be submitted to the Chief's Office immediately upon completion